

DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0340

BIRTH NO. REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5418 - Registrar's No. 0340

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wood twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wood twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 6 Mtn Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 6 Mtn Grove, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>DORA</u>		a. (First) <u>DORA</u> b. (Middle) <u>Ridenour</u> c. (Last) <u>Ridenour</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 11-1882</u>	9. AGE (In years last birthday) <u>68</u>	10. COUNTRY OF BIRTH (State or foreign country) <u>Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>E.A.J. Smallwood</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gwn Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>E.D. Ridenour</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.D. Ridenour - Rt 6 Mtn Grove</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>4222A</u>			
DUE TO (c) <u>10 years</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Granular Tuberculosis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1948, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Garrett C. Brown</u> (Degree or title)		23b. ADDRESS <u>Bellevue Mo</u>		23c. DATE SIGNED <u>Dec 15 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PENNER</u>	
24d. LOCATION (City, town, or county) (State) <u>VANZANT MO.</u>		DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>Wesley Bush</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Musell Barber</u>		ADDRESS <u>Mtn Grove</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed

Russell Barber

Licensed Embalmer No.

3848

P. O. Address

mtw. Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.